

# MOTOR VEHICLE DEALER TWO YEAR LICENSE APPLICATION

MV2186 1/2001 Ch. 218 Wis. Stats.

**Submit in duplicate.** ☐ Amending Current License Information**FOR OFFICE USE ONLY**

Issued

Expires

Wisconsin Department of Transportation  
Dealer Section  
4802 Sheboygan Avenue  
P. O. Box 7909  
Madison, WI 53707-7909

Legal Name

Area Code - Telephone Number

Dealer License Number

Trade Name(s) or DBAs

Federal Employer Identification Number

Street Address or RFD

Post Office Box Number

City

State

Zip Code

County where business located

Type of Vehicles to be Sold

☐ Autos☐ Trucks☐ Motorcycles

Business Entity

☐ Sole Proprietorship☐ Partnership☐ Association☐ Corporation☐ LLCIf Corporation or LLC,  
Date Licensed in Wisconsin☐ City ☐ Village ☐ Township

Name:

State of Incorporation or Organization

List makes of new vehicles to be sold

Address of NONADJACENT Sales Location in SAME MUNICIPALITY

Branch:

Sublot:

Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members  
Complete an Entity/Owner Statement (Form MV2844) for each individual listed.

Completely describe other business, if any, engaged in by your firm

Same location?

☐ No☐ Yes

License Numbers of Additional Dealerships

Was there a licensed dealer at this same location previously this year?

☐ No ☐ Yes, Name dealer \_\_\_\_\_

Have you, as an individual and your above-named firm, been licensed as a dealer before?

☐ No ☐ Yes, Same location? ☐ No ☐ Yes

Has your motor vehicle dealer license ever been denied, suspended or revoked?

☐ No ☐ Yes, When and what state? \_\_\_\_\_

Are you licensed as a motor vehicle salvage dealer at same location?

☐ No ☐ Yes, Give license number \_\_\_\_\_

Do you own and operate your own service department?

☐ Yes☐ No, Attach completed service agreement

Complete ONE of the following (whichever applicable):

Is business real estate owned by:

Owner of sole proprietorship

One partner of partnership

Corporate dealership

LLC

YES

NO

If no,  
send copy  
of lease.

Number of vehicles sold in last 12 month period	New AUTOS		Used	New TRUCKS		Used	New MOTORCYCLES		Used	New OTHERS (specify)		Used	SALES TAX SELLER PERMIT NUMBER
	Retail	Wholesale		Retail	Wholesale		Retail	Wholesale		Retail	Wholesale		

Please check only ONE box that applies to your dealership.

Call 608-261-9555 if you have questions about these fees.

☐ 1. During the next two years our dealership will sell all vehicles on a cash only basis. **Fee due is \$20.**

2. Our dealership originates retail installment sales contracts and/or consumer leases.

☐ a. All of the contracts or leases we originate are sold or transferred to a third party. **Fee due is \$100.**☐ b. Some or all of the contracts or leases are retained by our dealership. **Fee due is \$100.**☐ 3. The total amount of installment contracts and/or consumer leases originated and retained in the last 12 months was \$ \_\_\_\_\_, which is \$100,000 or less. **Fee due is \$100.**☐ 4. The total amount of installment contracts and/or consumer leases originated and retained in the last 12 months was \$ \_\_\_\_\_, which is greater than \$100,000. **Do not submit a fee.** You will receive a separate bill.Does your dealership write credit insurance? ☐ No ☐ Yes**CHECK PAYABLE TO: Department of Financial Institutions**

I, the undersigned, certify under penalty of s.345.17 Wisconsin Statutes, that (1) a lease agreement covering at least the licensing year has been executed, if premises are not owned by applicant, and (2) the answers and statements on this application are true and correct to the best of my knowledge.

**See reverse side.****X**

(Authorized Dealership Agent, Title)

(Date)

Dealer License (Required fee).....\$40.00 \_\_\_\_\_  
Branch License.....\$40.00 \_\_\_\_\_  
Sublot License.....\$2.00 \_\_\_\_\_  
Salesperson License..... Number \_\_\_\_\_ x \$8.00 \_\_\_\_\_  
(If test required, pay examiner)  
Buyer ID Card(s)..... Number \_\_\_\_\_ x \$12.00 \_\_\_\_\_  
Dealer License Plates Required.....First 2 plates = \$150.00 \_\_\_\_\_  
Number of additional plates \_\_\_\_\_ @ \$10.00 \_\_\_\_\_  
List letters of all missing plates \_\_\_\_\_

Replacement License Plates for lost, damaged,  
or illegible plates.....each plate \$2.00 \_\_\_\_\_**CHECK PAYABLE TO: REGISTRATION FEE TRUST \$ \_\_\_\_\_**

## Following Applies To First-time Dealer Applicant Or Application For Amended License Because of Business Relocation or Ownership Change

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A.  
If business is located in a township, complete both sections A and B.

### Attention Zoning Authorities: The requirements for a retail motor vehicle dealer are as follows:

1. A permanent building, not a residence, tent, or temporary stand.
2. An office within the building.
3. A minimum 12x20 foot area accessible for automobile display, repair and preparation within the building.
4. A repair shop on the premise or a service agreement with a nearby repair shop.
5. An outdoor vehicle display lot for at least one vehicle adjacent to the building or all vehicles kept indoors.
6. An exterior sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.
7. A sign posted on or adjacent to the entrance door describing business hours.

### Section A

1. Operation of this dealer business at the location(s) as stated on the front is in accordance with local zoning, building code and permit requirements.	
_____	<b>X</b> _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(Municipality)
2. Check one box and sign below:	
<input type="checkbox"/> A local permit or license is required and has been issued.	
<input type="checkbox"/> A local permit or license is not required.	
_____	<b>X</b> _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(Municipality)

### Section B

County Zoning Approval - required only if business is located in a township.	
Operation of this dealer business at the location(s) as stated on the front is in accordance with local zoning regulation.	
_____	<b>X</b> _____
(Print Name)	(Signature)
_____	_____
(Official Title)	(County)

If business address on the front does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.
